

**ROGERS SCHOOL DISTRICT**  
**Supply Reimbursement Form**  
 (Regular Classroom Teacher K thru 6<sup>th</sup> Grades)

Teacher First, Last Name \_\_\_\_\_

Vendor # \_\_\_\_\_ School \_\_\_\_\_ Position \_\_\_\_\_

(School office use only)

| Date         | Item(s) purchased | Company/Store | Amount |
|--------------|-------------------|---------------|--------|
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|              |                   |               |        |
| <b>Total</b> |                   |               |        |

Principal Approval \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement will be in August, December and May. Send completed form with receipts attached to Aly Caldwell in the Finance Department, 10 days prior to August 10<sup>th</sup>, December 10<sup>th</sup> and May 10<sup>th</sup>.

Please make sure all purchases have been completed prior to submitting form.